

10

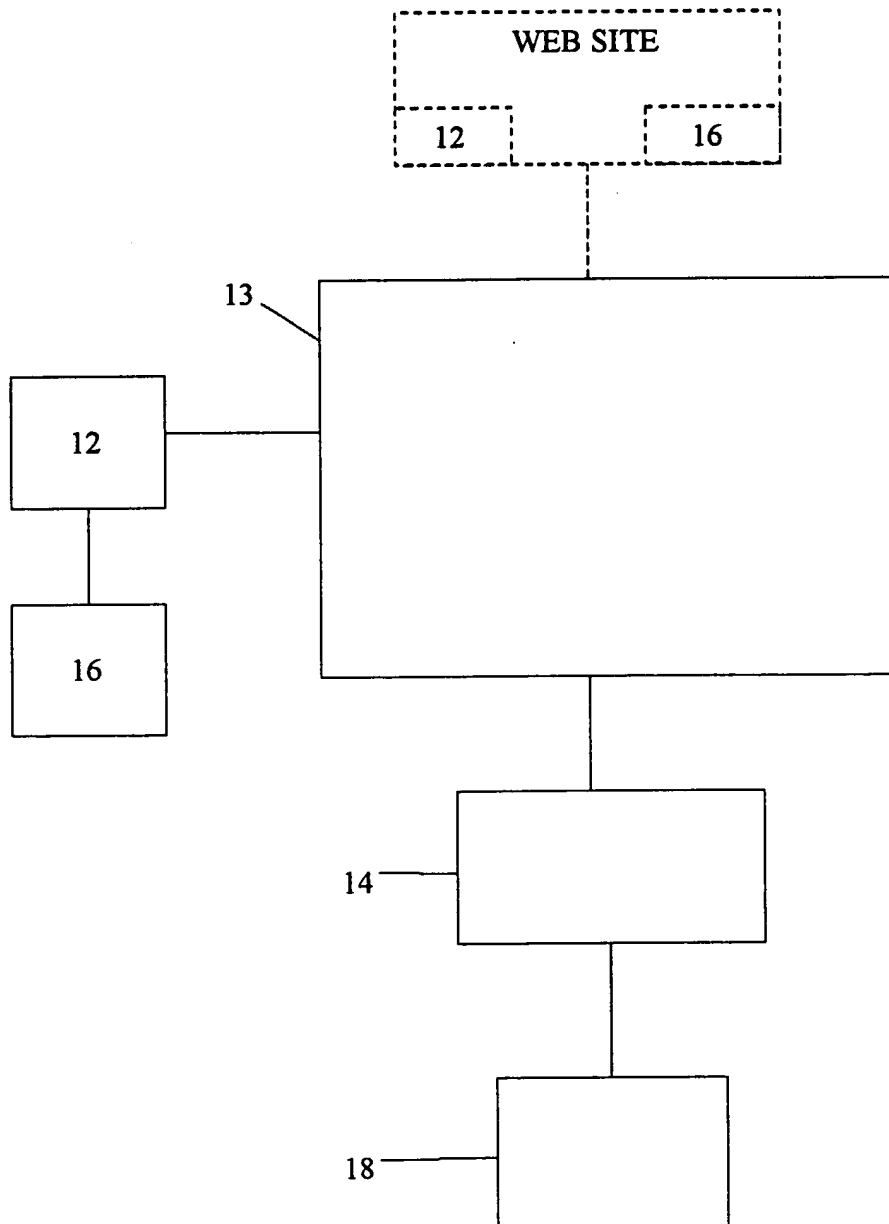


FIG. 1

454 Allergies 364
QUINIGLUTE: swelling of feet & hands, dizziness & joint pain. 12/98
PROCAINAMIDE SR & PROCANBID 1000 mg BID: swelling of feet & hands, dizziness & joint pain. 10/30/98
SINEMET: dizzy, faint, LOW BP, sweaty, nausea 7/25/98. Decreased to 1/2 pill. Now back to 1 3x's

2366
Current Medical Conditions
DIABETES: 10/99
HEART DISEASE: Wears DEFIBILATOR. 2/3/98
HERNIA: where esophagus did not heal. 10/97
ANEURYSM: on heart wall. Dr. Mahal. 8/12/96
PARKINSONS: diagnosed by Dr. Greenberg, Somerville. Took Sinemet & Artane 3/31/93

356
Surgeries & Procedures
DEFIBRILATOR IMPLANT: AICD. Dr. Preminger, RWJ. Had congestive heart failure. 2/3/98
ESOPHAGUS CANCER: Dr. Diehl, Morristown. Partial removal. Cured. 9/13/96
ANGIOPLASTY & STENT: Dr. Mahal, Morristown. Aneurysm on heart wall. 8/12/96
ANGIOPLASTY: Dr. Gantz, Newark. Israel. 10/18/89

2354
Past Medical Conditions
DEHYDRATION: lowered Lasix. 8/27/98
DEPRESSION: 10 mg. Paxil from approx. 298 to 8/98
HEART ATTACK: 10/8/89

27
LifeReport For: **John Smith** - 30
00 Sunnymeade Rd.
Somerville, NJ 08876
Work:
Insured By: Medicare A&B
ID#: 100-10-1000 Group #: 100-10-1000
Secondary: United Health ID#: 100-10-1000 Group #: 100-10-1000
Schedule of Medications (Including Non-Prescription & Supplements)

LifeReport Date: 11/10/99
Born: 8/30/00 Age: 75 SSN: 100-10-1000 Blood Type: A+
Height: 5'8" Weight: 162 Normal Blood Pressure: 140/80
Tetanus Shot: Pneumonia Shot: Flu Shot: 10/99
Living Will Organ Donor DNR Location: Daughter, Stephanie has.

30
Medications PRN "When Needed"

| Medication | Phone | Specialty/Group | Fax | City/State |
|------------------------|-----------|--------------------|--------------|--------------------|
| Nitrostat (0.4 mg tab) | Dr. Mahal | Family Doctor | 908-555-0632 | Somerville, NJ |
| Tylenol | | Cardiologist | 908-555-8668 | Bridgewater, NJ |
| | | Cardiologist RWJ | 732-555-7208 | New Brunswick, NJ |
| | | Direct Line | 732-555-7786 | |
| | | Neurologist | 732-555-1300 | East Brunswick, NJ |
| | | Oncologist | 973-555-6400 | Morristown, NJ |
| | | Ears, Nose, Throat | 973-555-1850 | Morristown, NJ |

33
Physicians

| Physician | Phone | Specialty/Group | Fax | City/State |
|---------------------|--------------|--------------------|--------------|--------------------|
| Dr. Deborah Neiman | 908-555-0632 | Family Doctor | 908-281-9848 | Somerville, NJ |
| Dr. Sharan S. Mahal | 908-555-8668 | Cardiologist | 908-231-8761 | Bridgewater, NJ |
| Dr. Mark Preminger | 732-555-7208 | Cardiologist RWJ | | New Brunswick, NJ |
| Dr. Mark Preminger | 732-555-7786 | Direct Line | | |
| Dr. Friedlander | 732-555-1300 | Neurologist | | East Brunswick, NJ |
| Dr. William Diehl | 973-555-6400 | Oncologist | 973-267-7295 | Morristown, NJ |
| Dr. Fleming | 973-555-1850 | Ears, Nose, Throat | | Morristown, NJ |

35
In Case of Emergency... Call:
Stephanie Ward . . . Daughter . . . 908-555-3837
Work: 908-359-1514 Cell Phone:
Peter M. Hnatuk . . . Son . . . 908-555-6358
Work:
Marge Iarkowski . . . Companion . . . 908-555-8592
Work:
Eckerd Pharmacy 908-555-9223 Fax:
NOTICE: Please check that your LifeReport contains all your medical information and that it is correct. Review with your physician or health care provider. If there is a problem with the software, please contact us toll-free at 877-354-3373 or visit our website: www.lifereport.com

READ IN EMERGENCY
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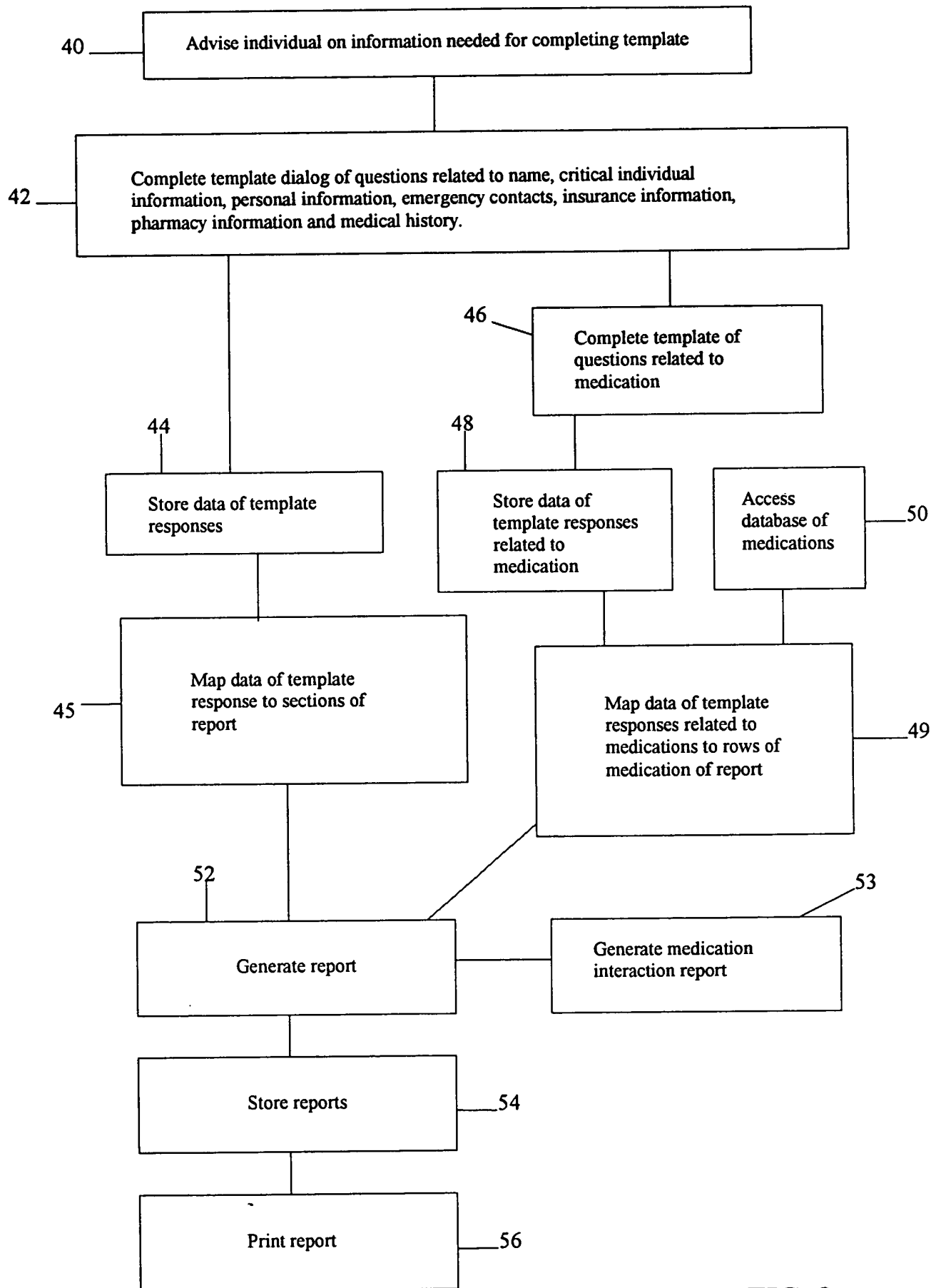


FIG. 3

[illegible]

- If yes, questions 3 thru 7 repeated until a no answer is given.

- ## 9. The Blood Type?

- Name: _____ Identification #: _____

- Group #: _____ Phone #: _____

- Name: _____ Identification #: _____

- Group #: _____ Phone #: _____

12. In Case of Emergency, who should be contacted? (please limit your choices to no more than six)

Fig. 4 A

CONT. FILE 4A

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

Phone: _____ Relation: _____ day _____ evening

13. Your Pharmacy?

Name: _____ Phone #: _____

14. Alternate Pharmacy?

Name: _____ Phone #: _____

15. The Physicians?

Name: _____ Type of Physician: _____

Address: _____

Phone #: _____ Fax #: _____

16. Is there another Physician? ____ yes ____ no

If yes, question 15 is repeated until a no answer is given.

17. Is there any Allergies?

Allergic to: _____

18. Is there another Allergy? ____ yes ____ no

If yes, question 17 is repeated until a no answer is given.

19. Is there any Medical Conditions?

Medical Condition: _____

Diagnosed by: _____ On: _____

20. Is there another Medical Condition? ____ yes ____ no

If yes, question 19 is repeated until a no answer is given.

21. Is there any Diseases?

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cont. Fig. 4A

Disease: _____

Diagnosed by: _____ On: _____

22. Is there another Disease? ____ yes ____ no

If yes, question 21 is repeated until a no answer is given.

23. Was there any Surgical Procedures?

Surgical Procedure: _____

Attending Physician: _____

Date of Surgery: _____

At What Hospital: _____

Outcome: _____

24. Is there another Surgical Procedure? ____ yes ____ no

If yes, question 23 is repeated until a no answer is given.

25. Is there Medical Alerts such as Pacemakers, Defibrillators, Insulin
Dependency?

Please Describe: _____

26. Is there another Medical Alert? ____ yes ____ no

If yes, question 25 is repeated until a no answer is given.

The **Question & Answer Session I**: (*Preliminary Information*) is complete.

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F16. 4B

The Question & Answer Session II: (*Prescription Regimen*) begins.

Please supply the information directly from the prescription or non-prescription bottle label. Prescription drugs include non-prescription drugs, if they are prescribed by a physician.

1. What is the prescription drug?

Name: _____

Dosage: _____

Prescribing

Physician: _____

Physician's Orders: _____

Date The Prescription was Filled: _____

2. Is there another Prescription Drug? ____ yes ____ no

If yes, question 1 is repeated until a no answer is given.

3. What is the non-prescription drug?

Name: _____

Dosage taken: _____

Recommended Dosage: _____

Physician's Orders: _____

4. Is there another Non-Prescription Drug? ____ yes ____ no

If yes, question 1 is repeated until a no answer is given.

5. What is the earliest time of the day a drug will be taken or given?

6. What is the latest time of the day a drug will be taken or given?

The Question & Answer Session II: (*Prescription Regimen*) is complete.

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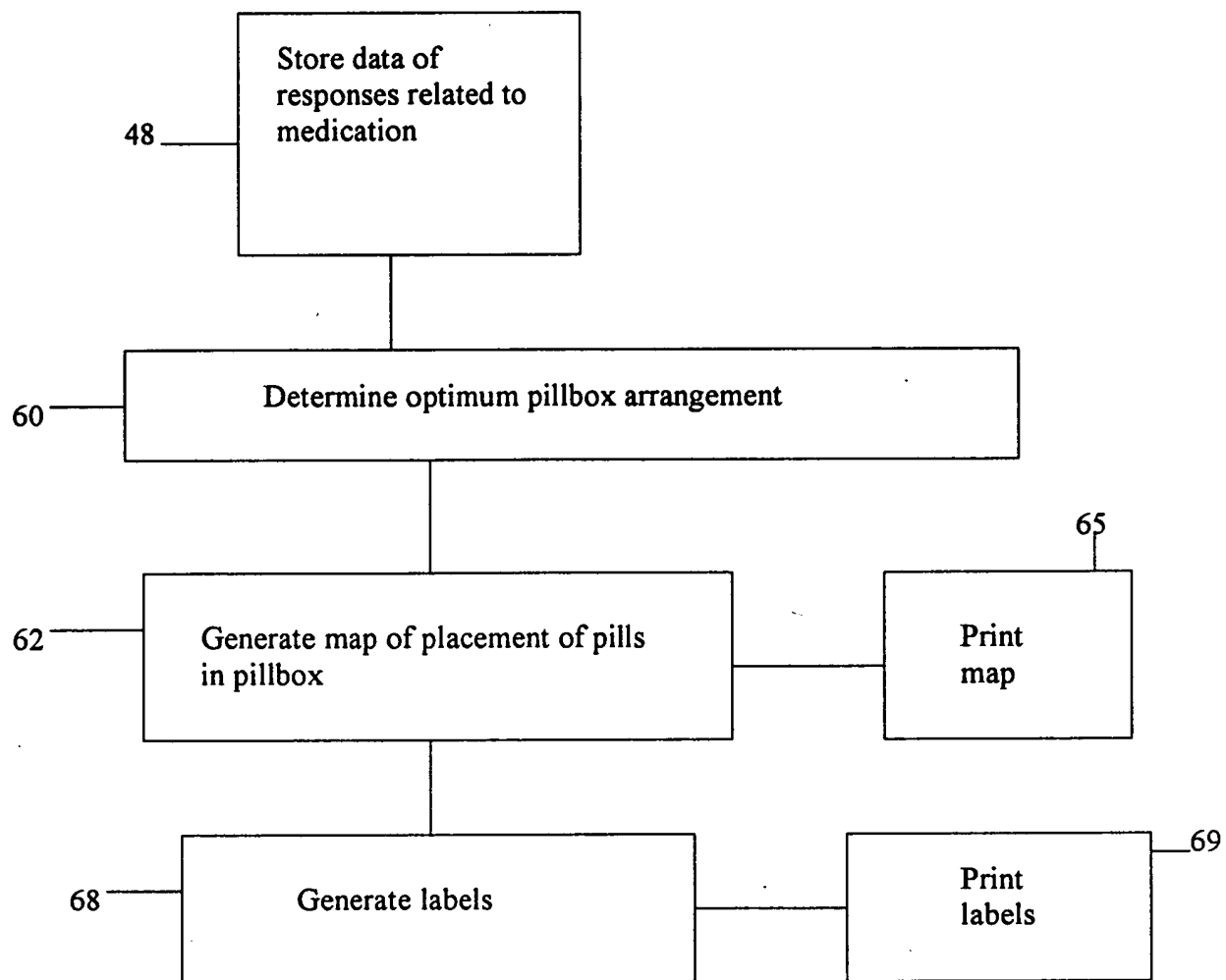


FIG. 5

John Smith

SS#: 100-10-1000

55935450

How To Arrange Your Pillbox Your PILL BOX MAP

✓





















PATCH Transderm Nitro
2662

(0.2 mg/hr)

Dr. Mahal

Apply 9 AM — Remove 9 PM

2662

| Evening | Morning |
|---|--|
| <p>EVENING 8:00 p.m.</p> <p>LASIX ⊖ MWY only with Juice</p> <p>PEPCID </p> <p>CAPOTEN  empty stomach</p> <p>SINEMET  from 1/2 to 1 pill 10/6/98</p> <p>AMANTADINE  to 3 pills on 12/16/98</p> <p>COUMADIN </p> | <p>MORNING Before Breakfast</p> <p>PEPCID </p> <p>CAPOTEN  empty stomach</p> <p>SINEMET  from 1/2 to 1 pill 10/6/98</p> <p>AMANTADINE  to 3 pills on 12/16/98</p> |
| <p>AFTERNOON 2:00 p.m.</p> <p>SINEMET  from 1/2 to 1 pill 10/6/98</p> <p>CAPOTEN  empty stomach</p> <p>AMANTADINE  to 3 pills on 12/16/98</p> <p>BABY ASPIRIN </p> <p>LANOXIN </p> <p>ABC Plus SENIOR VITAMIN </p> <p>MAGOXIDE </p> | <p>MORNING After Breakfast</p> <p>BABY ASPIRIN </p> <p>LANOXIN </p> <p>ABC Plus SENIOR VITAMIN </p> <p>MAGOXIDE </p> |

2662

2662

FIG. 6

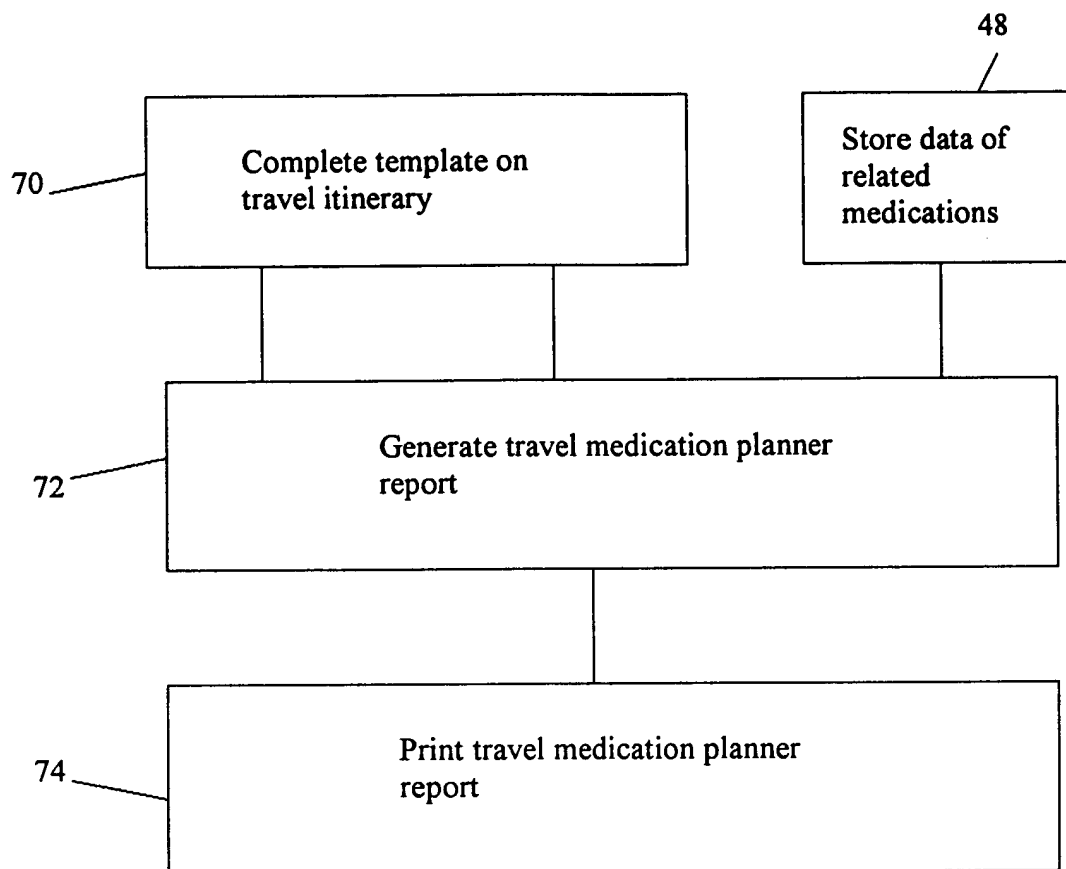


FIG. 7

